	Case 1	9-70020-BHL-1	13 Doc 11	Filed 02/18/19	EOD 02/18/19 11:0)9:48 Pg	L OT 44
Fill	in this informa	tion to identify your o	case:				
Deb	otor 1	Katina R Gantt					
Deb	otor 2	First Name	Middle Name	Last Name			
	use if, filing)	First Name	Middle Name	Last Name			
Unit	ed States Bank	ruptcy Court for the:	SOUTHERN DIST	RICT OF INDIANA			
Cas	e number 19	-70020-BHL					
(if kn	own)					_	if this is an led filing
						amenu	eu illing
∩f	ficial Earn	n 106Sum					
			nd Liabilitie	s and Certain S	tatistical Information	on 1	2/15
Be a	s complete and	d accurate as possib	le. If two married p	eople are filing togethe	er, both are equally responsi	ble for supplying	g correct
				ete the information on check the box at the to	this form. If you are filing an op of this page.	nended schedul	es after you file
Par		ze Your Assets	•				
						Your as	eate
							what you own
1.	Schedule A/B 1a. Copy line 5	: Property (Official Fo	orm 106A/B) om Schedule A/B			\$	0.00
	1b. Copy line 6	62, Total personal prop	erty, from Schedule	e A/B		\$	1,670.00
	1c. Copy line 6	3. Total of all property	on Schedule A/B			\$	1,670.00
Daw		ze Your Liabilities					1,070.00
Par	Summari	ze four Liabilities					
						Your lia Amount	you owe
2.				operty (Official Form 106		•	0.00
	2a. Copy the to	otal you listed in Colun	nn A, <i>Amount of cla</i>	im, at the bottom of the la	ast page of Part 1 of Schedule	D \$	0.00
3.		Creditors Who Have total claims from Part 1			Schedule E/F	\$	0.00
			,	,	of Schedule E/F		36,955.00
			. (,			00,000.00
					Your total liabil	lities \$	36,955.00
Par	3: Summari	ze Your Income and	Expenses				
4.		our Income (Official Fo		nedule I		\$	3,458.00
5.		our Expenses (Official nthly expenses from lir		J		\$	3,346.00
Par	t 4: Answer	These Questions for	Administrative and	Statistical Records			
6.	-	for bankruptcy undenave nothing to report			submit this form to the court wi	ith your other sch	edules.
	■ Yes	3 1 2 2				,	
7.		debt do vou have?					

- - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Katina R Gantt Case number (if known) 19-70020-BHL

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 3,805.10

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Tota	al claim
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	16,851.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	16,851.00

Case	19-10020-DHL-1	3 DOC 11 111	eu 02/10/13 LOI	J 02/10/19 11.09.	.40 1 g 3 01 44
Fill in this inform	nation to identify your ca	ase and this filing:			
Debtor 1	Katina R Gantt				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Case number	 19-70020-BHL				☐ Check if this is an
_					amended filing
_	<u>rm 106A/B</u>				
Schedul	e A/B: Prope	erty			12/15
think it fits best. Be information. If more Answer every ques	e as complete and accurate e space is needed, attach a tion.	e as possible. If two marri separate sheet to this for	once. If an asset fits in more ed people are filing together, rm. On the top of any addition e You Own or Have an Interes	both are equally responsible all pages, write your name a	
1. Do you own or h	nave any legal or equitable i	nterest in any residence,	building, land, or similar prop	perty?	
■ No. Go to Par	t 2				
☐ Yes. Where is					
Part 2: Describe	Your Vehicles				
			http://www.advandhanananananananananananananananananan		
			lule G: Executory Contracts		e any vehicles you own that
3. Cars, vans, tru	ucks, tractors, sport utili	ty vehicles, motorcycl	les		
■ No					
☐ Yes					
			nal vehicles, other vehicle ssels, snowmobiles, motoro		
- ·					
■ No □ Yes					
□ Tes					
		-	entries from Part 2, includi	•	\$0.00
	Your Personal and Househ				
Do you own or r	nave any legal or equitab	ile interest in any of th	ne following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
 Household go Examples: Ma □ No 	oods and furnishings ijor appliances, furniture, l	inens, china, kitchenwai	re		
Yes. Descr	ribe				
	Used Furni	ture			
			e, Evansville IN 47714		\$1,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Official Form 106A/B Schedule A/B: Property page 1

Case 19-70020-BHL-13 Doc 11 Filed 02/18/19 EOD 02/18/19 11:09:48 Debtor 1 Katina R Gantt Case number (if known) 19-70020-BHL Yes. Describe..... 1 Television, 1 Cell Phone, and 1 PS 4 \$300.00 Location: 1511 Savannah Drive, Evansville IN 47714 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... **Used Clothing** \$300.00 Location: 1511 Savannah Drive, Evansville IN 47714 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ΠNο Yes. Describe..... Costume Jewelry \$25.00 Location: 1511 Savannah Drive, Evansville IN 47714 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1.625.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

■ Yes.....

Case 19-70020-BHL-13 Doc 11 Filed 02/18/19 EOD 02/18/19 11:09:48 Pg 5 of 44

Case number (if known) 19-70020-BHL

				Cash Location: 1511 Savannah Drive, Evansville IN 47714	\$5.00
17.			ounts; certificates of deposit; shares in s with the same institution, list each.	n credit unions, brokerage houses, an	d other similar
	□ No		Institution name:		
	Yes		mondano.		
		17.1. Savings	Diamond VBalley Federal	Credit Union	\$40.00
18.		s, or publicly traded stocks s, investment accounts with br Institution or issuer	okerage firms, money market accounts	s	
19.	joint venture	stock and interests in incorp	orated and unincorporated busines	ses, including an interest in an LL0	C, partnership, and
	■ No □ Yes. Give specific in	nformation about them Name of entity:		% of ownership:	
20	Negotiable instrumen	ts include personal checks, ca ments are those you cannot tr	otiable and non-negotiable instrume shiers' checks, promissory notes, and ansfer to someone by signing or delive	money orders.	
21.	□ No	n IRA, ERISA, Keogh, 401(k),	403(b), thrift savings accounts, or othe	r pension or profit-sharing plans	
	Yes. List each accou	unt separately. Type of account:	Institution name:		
		401(k)	through employer		\$0.00
22.		sed deposits you have made s	o that you may continue service or use public utilities (electric, gas, water), te		ers
23.	. Annuities (A contract	for a periodic payment of mon	ey to you, either for life or for a numbe	r of years)	
	■ No □ Yes	ssuer name and description.			
24	. Interests in an educat 26 U.S.C. §§ 530(b)(1)	•	qualified ABLE program, or under a	qualified state tuition program.	
	■ No □ Yes	Institution name and description	on. Separately file the records of any in	terests.11 U.S.C. § 521(c):	
25.	■ No	uture interests in property (other than anything listed in line 1),	and rights or powers exercisable fo	or your benefit

Schedule A/B: Property

Official Form 106A/B

Debtor 1

Katina R Gantt

Case 19-70020-BHL-13 Doc 11 Filed 02/18/19 EOD 02/18/19 11:09:48 Debtor 1 Katina R Gantt Case number (if known) 19-70020-BHL 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Life Insurance, through emplyer, death Mother \$0.00 benefits only 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

☐ Yes. Give specific information..

Deb	tor 1	Katina R Gantt		Case number (if known)	19-70020-BHL
36.		the dollar value of all of your entries from Part 4, including		, ,	\$45.00
Part	5: De:	scribe Any Business-Related Property You Own or Have an Intere	st In. List any real esta	ate in Part 1.	
37. C	o you o	own or have any legal or equitable interest in any business-related	I property?		
	No. Go	to Part 6.			
	Yes. G	Go to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You C ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. I	Do you	ı own or have any legal or equitable interest in any farm- o	r commercial fishir	ng-related property?	
	■ No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	<i>Examp</i> INo	have other property of any kind you did not already list? oles: Season tickets, country club membership Give specific information			
		the dollar value of all of your entries from Part 7. Write that	t number here		\$0.00
Part		List the Totals of Each Part of this Form			
		1: Total real estate, line 2 2: Total vehicles, line 5			\$0.00
		2: Total vericles, line 5 3: Total personal and household items, line 15	\$0.00 \$1,625.00		
		4: Total financial assets, line 36	\$1,625.00		
		5: Total business-related property, line 45	\$43.00		
		6: Total farm- and fishing-related property, line 52	\$0.00		
		7: Total other property not listed, line 54 +	\$0.00		
٠			ψυ.υυ		
62.	Total	personal property. Add lines 56 through 61	\$1,670.00	Copy personal property to	otal \$1,670.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$1,670.00

Official Form 106A/B Schedule A/B: Property page 5

Fill in this information to identify your case:								
Debtor 1	Katina R Gantt							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	Γ OF INDIANA					
Case number	19-70020-BHL							
(if known)					Check if this is an			
					amended filing			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amoun	t of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check	only one box for each exemption.	
Used Furniture Location: 1511 Savannah Drive,	\$1,000.00	•_	\$1,000.00	Ind. Code § 34-55-10-2(c)(2)
Evansville IN 47714 Line from Schedule A/B: 6.1			00% of fair market value, up to ny applicable statutory limit	
1 Television, 1 Cell Phone, and 1 PS	\$300.00		\$300.00	Ind. Code § 34-55-10-2(c)(2
Location: 1511 Savannah Drive, Evansville IN 47714 Line from <i>Schedule A/B</i> : 7.1			00% of fair market value, up to ny applicable statutory limit	
Used Clothing Location: 1511 Savannah Drive.	\$300.00		\$300.00	Ind. Code § 34-55-10-2(c)(2
Evansville IN 47714 Line from <i>Schedule A/B</i> : 11.1			00% of fair market value, up to ny applicable statutory limit	
Cash Location: 1511 Savannah Drive,	\$5.00		\$5.00	Ind. Code § 34-55-10-2(c)(3
Evansville IN 47714 Line from Schedule A/B: 16.1			00% of fair market value, up to ny applicable statutory limit	
Savings: Diamond VBalley Federal Credit Union	\$40.00		\$40.00	Ind. Code § 34-55-10-2(c)(3
Line from Schedule A/B: 17.1			00% of fair market value, up to ny applicable statutory limit	

Case 19-70020-BHL-13 Doc 11 Filed 02/18/19 EOD 02/18/19 11:09:48 Pg 9 of 44

Debto	r1 Katina R Gantt			Case number (if known)	19-70020-BHL
	rief description of the property and line on chedule A/B that lists this property	portion you own		ount of the exemption you claim	Specific laws that allow exemption
				eck only one box for each exemption.	
	01(k): through employer ine from Schedule A/B: 21.1			\$0.00	Ind. Code § 34-55-10-2(c)(6)
_	ine non concade / v.b. z · · ·			100% of fair market value, up to any applicable statutory limit	
Life Insurance, through emplyer, death benefits only		\$0.00		\$0.00	Ind. Code §§ 27-1-12-14, 27-2-5-1(c)
В	Reneficiary: Mother ine from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	21-2-0-1(0)
	re you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ases fi	,	,

Case 19-70020-BHL-13 Doc 11 Filed 02/18/19 EOD 02/18/19 11:09:48 Pg 10 of 44

Fill in this information to identify your case:								
Debtor 1	Katina R Gantt							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF INDIANA					
Case number	19-70020-BHL							
(if known)	13-70020-BHL				☐ Check if this is an amended filing			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Fill in t	this infor	mation to identify your ca	ase:						
Debtor	1	Katina R Gantt							
D - l- (. 0	First Name	Middle Name	Last Nam	е				
Debtor (Spouse i		First Name	Middle Name	Last Nam	e				
United	States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA					
Offica	Clates Be	and aproy Court for the.	OCCUPIENT DICTRICT	01 11401/114/1					
Case n	_	19-70020-BHL							
(if known))						_	eck if this is an ended filing	
							1	g	
		<u>m 106E/F</u>							
		E/F: Creditors What accurate as possible. Use						12/15	
Schedul eft. Atta	le D: Credi ach the Co ad case nu	utory Contracts and Unexpir tors Who Have Claims Secu ntinuation Page to this page imber (if known). All of Your PRIORITY Uns	red by Property. If more sp . If you have no information	ace is needed, co	py the Part	you need, fill it out,	number the entri	es in the boxes on	
1. Do	any credit	ors have priority unsecured	claims against you?						
	No. Go to I	Part 2.							
	Yes.								
ider pos	ntify what ty ssible, list th	Ir priority unsecured claims. ype of claim it is. If a claim has ne claims in alphabetical order than one creditor holds a part	both priority and nonpriority according to the creditor's na	amounts, list that a	claim here a	nd show both priority a	and nonpriority amo	ounts. As much as	l,
(Fo	r an explar	nation of each type of claim, se	e the instructions for this forr	n in the instruction	booklet.)	Total claim	Priority	Nonpriority	
2.1	Interna	Il Revenue Service	Last 4 digits of	account number	0486	\$0.00	amount \$0.	amount	0.00
		reditor's Name			0400	Ψ0.00	ΨΟ.	<u>σσ</u> ψσ	.00
		ntral Insolvency	When was the	debt incurred?	12/31/20	018	_		
		ox 7346 elphia, PA 19101-7346							
		Street City State Zlp Code	As of the date y	ou file, the claim	is: Check a	II that apply			
W	ho incurre	ed the debt? Check one.	☐ Contingent						
	Debtor 1	only	☐ Unliquidated						
	Debtor 2	only	☐ Disputed						
	Debtor 1	and Debtor 2 only	Type of PRIORI	TY unsecured cla	aim:				
	At least o	ne of the debtors and another	☐ Domestic su	pport obligations					
	Check if	this claim is for a communi	ty debt Taxes and co	ertain other debts	ou owe the	government			
Is	the claim	subject to offset?	☐ Claims for de	eath or personal in	jury while yo	u were intoxicated			
	No		Other. Speci	fy					
] Yes			For Notific	ation Pu	rposes			
Part 2:	List A	All of Your NONPRIORITY	Unsecured Claims						
		ors have nonpriority unsecu	red claims against you?						
	No. You ha	ave nothing to report in this par	t. Submit this form to the cou	urt with your other	schedules.				
	Yes.								
uns	secured cla n one credi	r nonpriority unsecured clai im, list the creditor separately tor holds a particular claim, lis	or each claim. For each clair	m listed, identify w	nat type of cl	laim it is. Do not list cl	aims already includ	ded in Part 1. If more)

Total claim

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Debtor	1 Katina R Gantt		Case number (if known) 19-70020-BHI	_
4.1	Amcol Clmbia	Last 4 digits of account number	4587	\$670.00
	Nonpriority Creditor's Name Po Box 21625	When was the debt incurred?	Opened 9/04/18	
	Columbia, SC 29221	_		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	■ Other. Specify St Vincent		
4.2	Amcol Clmbia	Last 4 digits of account number	0153	\$603.00
	Nonpriority Creditor's Name Po Box 21625	When was the debt incurred?	Opened 7/03/18	
	Columbia, SC 29221	_		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	_			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	1 claim:	
	☐ At least one of the debtors and another☐ Check if this claim is for a community	☐ Student loans	- Julii	
	debt	<u></u>	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,,	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify St Vincent	Evansville	
4.3	Americollect	Last 4 digits of account number	744B	\$1,566.00
	Nonpriority Creditor's Name Po Box 1566	When was the debt incurred?	Opened 3/06/17	
	Manitowoc, WI 54221		<u> </u>	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a ciaim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	iration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐Yes	■ Other. Specify Tri State O	rthopaedics	

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Debtor	1 Katina R Gantt		Case number (if known) 19-70020-BHL	
4.4	Americollect	Last 4 digits of account number	744C	\$323.00
	Nonpriority Creditor's Name Po Box 1566	When was the debt incurred?	Opened 3/06/17	
	Manitowoc, WI 54221 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	Debtor 1 only	Пол		
	•	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alabas	
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	·	rthopaedics	
4.5	Americollect	Last 4 digits of account number	744A	\$266.00
	Nonpriority Creditor's Name Po Box 1566 Manitowoc, WI 54221	When was the debt incurred?	Opened 3/06/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Tri State O	rthopaedics	
4.6	Capital Acct	Last 4 digits of account number	5996	\$412.00
	Nonpriority Creditor's Name Po Box 140065 Nashville, TN 37214	When was the debt incurred?	Opened 7/08/13	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Joseph L F	ox Dds	

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Debto	Matina R Gantt		Case number (if known) 19-70020-BHL	-
4.7	Cash-pro Inc	Last 4 digits of account number	5483	\$200.00
	Nonpriority Creditor's Name 101 Plaza East Blv	When was the debt incurred?	Opened 7/06/15	
	Evansville, IN 47715 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Southern In	ndiana Imaging Pc	
4.8	Collinsasset	Last 4 digits of account number	9002	\$2,092.00
	Nonpriority Creditor's Name 5725 W Highway 290 Ste 1	When was the debt incurred?	Opened 6/29/17	
	Austin, TX 78735 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify 12 Ross Ed	ucation Llc	
4.9	Comnwlth Fin	Last 4 digits of account number	88N1	\$992.00
	Nonpriority Creditor's Name 245 Main St Dickson City, PA 18519	When was the debt incurred?	Opened 7/10/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Emergency	Prof Of Indiana Pc	

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Debto	r1 Katina R Gantt		Case number (if known) 19-70020-BHL	-
4.1	Erc	Last 4 digits of account number	9939	\$1,147.00
	Nonpriority Creditor's Name Po Box 57547	When was the debt incurred?	Opened 11/13/17	
	Jacksonville, FL 32241 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify 11 Sprint		
4.1	Evansville Homes for Rent	Last 4 digits of account number	3083	\$1,126.00
	Nonpriority Creditor's Name 2325 W Franklin Evansville, IN 47712	When was the debt incurred?	4/8/2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Judgment-I	Eviction	
4.1	Evansville Vanderburgh School Corporatio	Last 4 digits of account number	2384	\$500.00
	Nonpriority Creditor's Name	When we do	40/47/2045	
	c/o John Cox 108 NW MLKing Jr Blvd Evansville, IN 47708	When was the debt incurred?	12/17/2015	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Judgment-	School Fees	

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Debto	r1 Katina R Gantt		Case number (if known) 19-700	020-BHL
4.1	Hayes-Gibson International Inc	Last 4 digits of account number	9840	\$2,965.00
3	Nonpriority Creditor's Name c/o Jeffrey Wilhite 600 SE 8th St	When was the debt incurred?	9/25/2014	
	Evansville, IN 47713 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you di	d not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Judgment-	Eviction	
4.1	Helvey Assoc Nonpriority Creditor's Name	Last 4 digits of account number	9948	\$652.00
	1015 E Center St Warsaw, IN 46580	When was the debt incurred?	Opened 3/18/13	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you di	d not
	No	Debts to pension or profit-sharing	••	
	Yes	Other. Specify 13 Evansvi	lle Teachers Federal Cu	
4.1 5	I C System Nonpriority Creditor's Name	Last 4 digits of account number	5837	\$591.00
	Po Box 64378 Saint Paul, MN 55164	When was the debt incurred?	Opened 11/08/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you di	d not
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify 11 Charter	Communications	

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Debtor	1 Katina R Gantt		Case number (if known) 19-70020-BHL	
4.1 6	Midwst Rcvry	Last 4 digits of account number	4988	\$699.00
6	Nonpriority Creditor's Name 514 Earth City Plaza Earth City, MO 63045	When was the debt incurred?	Opened 5/01/18	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other Specify Emergency		
		- Other, Specify		
4.1	Midwst Rcvry		4986	\$467.00
7	Nonpriority Creditor's Name	Last 4 digits of account number		φ407.00
	514 Earth City Plaza Earth City, MO 63045	When was the debt incurred?	Opened 5/01/18	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin		
	Yes	Other. Specify Emergency	Prof Of Indiana	
4.1			4007	4
8	Midwst Rcvry	Last 4 digits of account number	<u>4987</u>	\$467.00
	Nonpriority Creditor's Name 514 Earth City Plaza Earth City, MO 63045	When was the debt incurred?	Opened 5/01/18	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sena	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	agreement of divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other, Specify Emergency	Prof Of Indiana	

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Debtor	1 Katina R Gantt		Case number (if known) 19-7002	20-BHL
4.1 9	Phnx Finan	Last 4 digits of account number	3274	\$699.00
	Nonpriority Creditor's Name 8902 Otis Ave	When was the debt incurred?	Opened 10/25/18	
	Indianapolis, IN 46216 Number Street City State Zlp Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did	not
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Emergency		
4.2 0	Sterling Development Llc Nonpriority Creditor's Name	Last 4 digits of account number	0666	\$3,667.00
	DBA The Arbors At Eastland 6649 Old Boonville Hwy	When was the debt incurred?	1/16/2013	
	Evansville, IN 47715 Number Street City State Zlp Code	As of the date you file, the claim i	e. Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim	s. Спеск ан тат арру	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only			
	Debtor 1 and Debtor 2 only	d claim:		
	\square At least one of the debtors and another			
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Judgment-	Eviction	
4.2	Usdoe/glelsi	Last 4 digits of account number	8581	\$16,851.00
1	Nonpriority Creditor's Name			410,001100
	2401 International Lane Madison, WI 53704	When was the debt incurred?	Opened 7/23/10 Last Active 11/18)
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did	not
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
		Educationa		

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Katina R Gantt		Case number (if known)	19-70020-BHL			
Name and Address Jeffrey A Wilhite, Attorney 600 SE 8th Street Evansville, IN 47713	On which entry in Part 1 or Part 2 did Line 4.20 of (<i>Check one</i>):	d you list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp	•			
Evansvine, in 47713	Last 4 digits of account number	0666				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?				
Jeffrey A Wilhite, Attorney	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priori	ty Unsecured Claims			
600 SE 8th Street Evansville, IN 47713		■ Part 2: Creditors with Nonpriority Unsecured Claims				
	Last 4 digits of account number	9840				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?				
John Cox	Line 4.12 of (Check one):	☐ Part 1: Creditors with Priori	ty Unsecured Claims			
Coz Law Office 108 NE MLKing Jr. Blvd Evansville, IN 47708		Part 2: Creditors with Nonp	riority Unsecured Claims			
Evansvine, in 47700	Last 4 digits of account number	2384				
Name and Address	On which entry in Part 1 or Part 2 did	,				
William Gearhart	Line 4.11 of (Check one):	☐ Part 1: Creditors with Priori	ty Unsecured Claims			
Kahn Dees Donovan & Kahn LLP 501 Main Street Suite 100		Part 2: Creditors with Nonp	riority Unsecured Claims			
Evansville, IN 47735	Last 4 digits of account number	3083				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				-	Γotal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	6f.	Student loans	6f.	\$	Total Claim 16.851.00
Total claims				Ψ	10,031.00
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	20,104.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	36,955.00

Fill in this infor	mation to identify your	case:			
Debtor 1	Katina R Gantt				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name	_	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF INDIANA		
Case number	19-70020-BHL				
(if known)	TO TOOLS BILL				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Arbors At Evansville 3600 Covert Ave Evansville, IN 47714 **Residential Lease**

Official Form 106G

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Fill in this info	ormation to identify your	case:			
Debtor 1	Katina R Gantt First Name	Middle Name	Last Name		
Debtor 2	riist Name	wilde Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Case number	19-70020-BHL				
(if known)					☐ Check if this is an
					amended filing
Official F	form 106H				
	e H: Your Cod	ahtors			12/15
Jenedai	e II. Ioui cou	CDIOIS			12/13
	d case number (if known have any codebtors? (If			e as a codebtor.	
■ No					
■ No □ Yes					
	the last 8 years, have yo i California, Idaho, Louisiana				ty states and territories include
■ No. Go	to line 3. d your spouse, former spo	use or legal equivalent live	a with you at the time?		
□ 163. Di	a your spouse, ronner spo	use, or legal equivalent live	e with you at the time:		
in line 2 a	gain as a codebtor only D), Schedule E/F (Officia	f that person is a guaran	tor or cosigner. Make	sure you have listed t	g with you. List the person show he creditor on Schedule D (Officia Schedule E/F, or Schedule G to f
	umn 1: Your codebtor e, Number, Street, City, State and Z	IP Code		Column 2: The cro	editor to whom you owe the debt es that apply:
2.1				Cobodulo D. lin	
3.1 Name	e			_ ☐ Schedule D, lin ☐ Schedule E/F,	
				☐ Schedule G, lir	
Num	ber Street			_	
City		State	ZIP Code		
3.2				□ Cohodulo D. III	
Name	e			☐ Schedule D, lin ☐ Schedule E/F,	
				☐ Schedule C, lir	
Num	ber Street				
City		State	ZIP Code		

Fill in this information t	o identify your ca	ase:			
Debtor 1	Katina R Ga	ntt			
Debtor 2					
(Spouse, if filing)		OOLITHEDA BIOTRIG	OT OF INDIANA		
United States Bankrup	tcy Court for the	: SOUTHERN DISTRIC	CI OF INDIANA		
Case number 19-	-70020-BHL		-	Check if this is:	d filing
				A suppleme	nt showing postpetition chapter is of the following date:
Official Form	1061				
Schedule I:		ome		MM / DD/ Y	үүү 12/15
supplying correct info spouse. If you are sep attach a separate she	ormation. If you parated and you et to this form.	are married and not filli ir spouse is not filing wi On the top of any additi	ple are filing together (Debtor 1 ng jointly, and your spouse is liv ith you, do not include information onal pages, write your name and	ring with you, incluon about your spo I case number (if k	de information about your use. If more space is needed, nown). Answer every question.
The Debtor wa filed.	s subject t	to a garnishmen	it of wages on the dat	e that the ca	ptioned case was
illed.					
The Debtor wa filed.	s subject t	to multiple colle	ction lawsuits on the	date that the	e captioned case was
T. D.					
			for her 27 year old da and reliable over the	_	
per week. The	зарропти	as been regular	and renable over the	pasi o years	•
The Debtor rel	ies on pub	lic transportation	on and does not have	a vehicle titl	ed in their name.
Part 1: Describ	e Employment				
Fill in your emplinformation.	oyment		Debtor 1	Debtor 2	or non-filing spouse
If you have more	•	Employment status	✓ Employed	Emplo	yed
attach a separate information about			■ Not employed	☐ Not er	nployed
employers.		Occupation	Quality Inspector		
Include part-time, self-employed wo		Employer's name	Berry Plastic Corporation		
Occupation may or homemaker, if		Employer's address	101 Oakley St \$19.36 per hour 92.25 hour bi-weekly Net pay \$1458.27 PE 12/09 Evansville, IN 47710		
		How long employed to	here? 10/2017		
Part 2: Give De	tails About Mor				
Estimate monthly inco		nthly Income			
spouse unless you are		•	you have nothing to report for any	line, write \$0 in the	space. Include your non-filing
,	separated. spouse have mo	ate you file this form. If	you have nothing to report for any ombine the information for all emplo		,
If you or your non-filing	separated. spouse have mo	ate you file this form. If			,

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1 Katina R Gantt	_	Case	number (if known)	19-70	020-BHL
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$_	N/A
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	3,755.00	\$_	N/A

Debt	tor 1	Katina R Gantt	-	C	ase number (<i>if knowi</i>	7)	19-7	′0020-BF	I L	
				1	For Debtor 1			Debtor 2		
	Сор	y line 4 here	4.	-	\$ 3,755.0	0	\$		N/A	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	9	\$ 516.0	n	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.0	_	\$_		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	9	\$ 113.0	_	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.	9	\$ 0.0	_	\$		N/A	
	5e.	Insurance	5e.	9	\$ 223.0		\$		N/A	
	5f.	Domestic support obligations	5f.	9	\$ 0.0	0	\$_		N/A	•
	5g.	Union dues	5g.	9	\$ 0.0	0	\$		N/A	•
	5h.	Other deductions. Specify: Accident insurance	5h	+ 5	\$ 38.0	0 +	- \$ _		N/A	•
		Critical Illness Insurance		5	\$ 11.0	0	\$		N/A	
		Dental insurance	_		\$33.0	0	\$_		N/A	
		Vision Insurance	_		\$ 13.0	_	\$_		N/A	
		Hospital Idemnity	_	,	\$ 42.0	0	\$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	989.0	0_	\$_		N/A	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,766.0	0_	\$_		N/A	
	8b. 8c. 8d. 8e. 8f. 8g. 8h.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: 2017 Taxes \$6,019	8a. 8b. 8c. 8d. 8e.		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 502.00	0 0 0 0	\$		N/A N/A N/A N/A N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	692.0	0	\$_		N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	§	3,458.00 +	\$_		N/A	= \$	3,458.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	deper					Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies						12.	\$	3,458.00
13.	Do y	you expect an increase or decrease within the year after you file this form? No.	?						Combir monthly	y income
		Yes. Explain:								

						1				
	in this informa	tion to identify y	our case:							
Deb	tor 1	Katina R Ga	ntt			Cł	neck i	if this is:		
							4	n amended filing		
!	otor 2								wing postpetition cha	apter
(Spo	ouse, if filing)						13	expenses as or	the following date:	
Unit	ed States Bankr	ruptcy Court for the	: SOUTH	IERN DISTRICT OF INDI	ANA		MI	M / DD / YYYY		
Cas	e number 19	9-70020-BHL								
(If k	nown)									
Of	fficial Fo	rm 106J								
S	chedule	J: Your	Exper	ises						12/15
info	ormation. If manual man		eeded, atta ry questio	If two married people a ch another sheet to this n.						
1.	Is this a joir	nt case?								
		es Debtor 2 live	in a separ	ate household?						
		lo ′es. Debtor 2 mu	ıst file Offic	al Form 106J-2, <i>Expense</i>	es for Separate House	ehold of D	ebtor	r 2.		
2.	Do you have	e dependents?	□No							
	Do not list D Debtor 2.	ebtor 1 and	✓ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto			Dependent's age	Does dependent live with you?	_
	Do not state dependents				Daughter-No S	Support		13 years	☐ No ✔ Yes	ı
					Daughter-No S	Support		16 years	☐ No ✔ Yes	
					Daughter-Rec	eives			✓ No	
					Support			27 years	Yes	
									☐ No	
2	De veur evr	aanaaa inaliida							Yes	
3.	expenses o	oenses include f people other t d your depende		No Yes						
Par	t 2: Estim	ate Your Ongoi	ina Monthl	v Evnoncos						
				uptcy filing date unless	you are using this fo	orm as a	supr	lement in a Cha	opter 13 case to rea	oort
exp				y is filed. If this is a sup						
				government assistance						
	ficial Form 10		id nave ind	luded it on Schedule I:	Your Income		_	Your expe	enses	
4.		or home owners		ses for your residence. r lot.	Include first mortgage		\$		615.00	
	If not includ	led in line 4:								
	As Pool o	etate tavos				40	•		0.00	
		estate taxes erty, homeowner'	s or renter	's insurance		4a. 4b.	- 1		0.00	
	•	•		ipkeep expenses		4c.	- : -		0.00	
		owner's associa				4d.	- 1 -		0.00	
5.	Additional r	mortgage paym	ents for yo	our residence, such as h	ome equity loans		\$		0.00	

Debtor '	Katina R Gantt	Case num	ber (if known)	19-70020-BHL
	lities:	=	•	<u></u>
6a.	,	6a.	\$	275.00
6b.	, , , , , ,	6b.	\$	0.00
6c.		6c.	\$	236.00
6d		6d.		0.00
. Fo	od and housekeeping supplies	7.	\$	900.00
. Ch	ildcare and children's education costs	8.	\$	350.00
Clo	othing, laundry, and dry cleaning	9.	\$	210.00
). Pe	rsonal care products and services	10.	\$	210.00
1. M e	dical and dental expenses	11.	\$	250.00
	ansportation. Include gas, maintenance, bus or train fare.	40	Φ.	150.00
	not include car payments.	12.	·	150.00
	tertainment, clubs, recreation, newspapers, magazines, and books	13.	·	150.00
l. Ch	aritable contributions and religious donations	14.	\$	0.00
	surance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	45-	c	0.00
	a. Life insurance	15a.	·	0.00
	b. Health insurance	15b.	·	0.00
	c. Vehicle insurance	15c.		0.00
	d. Other insurance. Specify:	15d.	\$	0.00
Sp	xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify:	16.	\$	0.00
	stallment or lease payments:		_	
	a. Car payments for Vehicle 1	17a.	·	0.00
	c. Car payments for Vehicle 2	17b.	·	0.00
	c. Other. Specify:	17c.		0.00
	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	her payments you make to support others who do not live with you.		\$	0.00
Sp	ecify:	19.		
). O t	her real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Yo	our Income.	
20	a. Mortgages on other property	20a.	\$	0.00
20	o. Real estate taxes	20b.	\$	0.00
20	c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20	d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20	e. Homeowner's association or condominium dues	20e.	\$	0.00
1. O tl	her: Specify:	21.	+\$	0.00
	Iculate your monthly expenses			0.040.00
	a. Add lines 4 through 21.		\$	3,346.00
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22	c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,346.00
3. Ca	Iculate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,458.00
	b. Copy your monthly expenses from line 22c above.	23b.		3,346.00
	177			0,040100
23	c. Subtract your monthly expenses from your monthly income.		[.	
_5	The result is your monthly net income.	23c.	\$	112.00
For mo	you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your diffication to the terms of your mortgage? No.	ou file this r mortgage	s form? payment to incre	ease or decrease because of a
ΓĪ	Yes Explain here:			

Fill in this infor	mation to identify you	r case:			
Debtor 1	Katina R Gantt				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Case number (if known)	19-70020-BHL				☐ Check if this is an amended filing
Official Forr	m 106Dec				
Declarat	ion About	an Individual	Debtor's So	hedules	12/15
years, or both. 1	y or property by fraud 8 U.S.C. §§ 152, 1341, n Below		kruptcy case can result i	in fines up to \$250,000,	, or imprisonment for up to 20
Did you pa	y or agree to pay som	eone who is NOT an attor	ney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes. N	Name of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declar e true and correct.	e that I have read the sum	mary and schedules file	ed with this declaration	and
X /s/ Kat	ina R Gantt		X		
	R Gantt re of Debtor 1		Signature of	Debtor 2	

Date

Date **February 18, 2019**

Fill in	this info	rmation to identify you	r case:			
Debto		Katina R Gantt				
Dobte		First Name	Middle Name	Last Name		
Debto	or 2 e if, filing)	First Name	Middle Name	Last Name		
Unite	d States B	ankruptcy Court for the:	SOUTHERN DISTRICT (OF INDIANA		
	number	19-70020-BHL				
(if know	/n)				-	theck if this is an mended filing
∩ffi	cial E	orm 107				
			Affairs for Individ	duals Filing for B	ankruptcy	4/16
inform	nation. If	more space is needed,	attach a separate sheet to		equally responsible for sup γ additional pages, write you	
numb		vn). Answer every ques Details About Your Ma	stion. irital Status and Where You	Lived Before		
1. V	Vhat is yo	ur current marital statu	ıs?			
	☐ Marrie ■ Not ma	-				
2. D	ouring the	last 3 years, have you	lived anywhere other than	where you live now?		
_	_		•	•		
	■ No □ Yes. L	ist all of the places you l	ived in the last 3 years. Do no	ot include where you live now	' .	
ı	Debtor 1 F	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
					-	,
	■ No	Aoko ouro vou fill out Sol	andula H. Vaur Cadabtara (O	ficial Form 106H)		
	i res. iv	nake sure you fill out Scr	nedule H: Your Codebtors (O	ilciai Foim 100H).		
Part 2	2 Expla	ain the Sources of You	r Income			
F	ill in the to	tal amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?
Г] No					
		fill in the details.				
_	- 103.1	iii iii tiic details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		1 of current year until led for bankruptcy:	■ Wages, commissions, bonuses, tips	\$4,389.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
	r last calen nuary 1 to	dar year: December 3	31, 2018)	■ Wages, commissions, bonuses, tips	\$45,661.00	☐ Wages, comr bonuses, tips	nissions,	
				☐ Operating a business		Operating a b	ousiness	
		dar year bef December 3		■ Wages, commissions, bonuses, tips	\$13,485.00	☐ Wages, comr bonuses, tips	nissions,	
				☐ Operating a business		☐ Operating a b	ousiness	
	and other winnings. List each s	public benefi If you are filir	t payments; ng a joint cas ne gross inco	er that income is taxable. Expensions; rental income; interest and you have income that your from each source separa	rest; dividends; money collectyou received together, list it o	ted from lawsuits; r	oyalties; and btor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.	ome	Gross income (before deductions and exclusions)
		1 of curren iled for ban		Child Support	\$44.00			
	r last calen nuary 1 to	dar year: December 3	31, 2018)	Child Support	\$528.00			
		dar year bef December 3		Child Support	\$528.00			
Pai	rt 3: List	: Certain Pav	/ments You	Made Before You Filed for	Bankruptcv			
6.		Debtor 1's	or Debtor 2 btor 1 nor D	's debts primarily consume lebtor 2 has primarily consu personal, family, or househo	r debts? umer debts. Consumer debts	s are defined in 11	U.S.C. § 10	1(8) as "incurred by an
		During the 9	90 days befo	re you filed for bankruptcy, di	d you pay any creditor a total	l of \$6,425* or more	е?	
		□ Yes	List below e	each creditor to whom you pai editor. Do not include paymer payments to an attorney for t	nts for domestic support oblig			
		* Subject to	o adjustmen	on 4/01/19 and every 3 year	s after that for cases filed on	or after the date of	adjustment	
	Yes.			r both have primarily consure you filed for bankruptcy, di		I of \$600 or more?		
		■ No.	Go to line 7					
		□ Yes	include pay	each creditor to whom you pai ments for domestic support o this bankruptcy case.				
	Creditor'	s Name and	Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this p	payment for

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7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony.	artners; relatives of any gen n control, or owner of 20% o	eral partners; partner r more of their voting	rships of which yo g securities; and ar	u are a general partner; corporations ny managing agent, including one for
	No				
	☐ Yes. List all payments to an insider.				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	ny property on a	ccount of a debt that benefited an
	■ No				
	☐ Yes. List all payments to an insider				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Pai	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures			
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.				
	□ No				
	Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency		Status of the case
	Sterling Development Llc v. Katina	Eviction	Vanderburgh S	uperior	☐ Pending
	R Gantt		Court V	•	☐ On appeal
	82D06-1301-SC-00666		825 Sycamore S Evansville, IN 4		Concluded
			Evanovino, nv		Judgment
	Evansville Homes for Rent v.	Suit on Account	Vanderburgh S	uperior	☐ Pending
	Katina R Gantt		Court VI	•	☐ On appeal
	82D06-1604-SC-003083		POB 3356 Evansville, IN 4	17732	Concluded
					Judgment
	Evansville Vanderburgh School	Suit on account	Vanderburgh S	uperior	☐ Pending
	Corporatio v. Katina R Gantt		Court VI		☐ On appeal
	82D06-1512-SC-012384		POB 3356 Evansville, IN 4	7732	Concluded
			,,		Judgment
	Hayes-Gibson International Inc v.	Eviction	Vanderburgh S	uperior	☐ Pending
	Katina R Gantt		Court V		☐ On appeal
	82D05-1409-SC-009840		825 Sycamore S Evansville, IN 4		■ Concluded
					Judgment

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Case number (if known) 19-70020-BHL

10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details below	otcy, was any of your property repossessed, foreclose ow.	d, garnished, attache	d, seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.			
	Creditor Name and Address	Describe the Property	Date	Value of the
		Explain what happened		property
	Sterling Development Llc DBA The Arbors At Eastland	Judgment-Eviction	12/28/2018	\$3,071.37
	6649 Old Boonville Hwy Evansville, IN 47715	☐ Property was repossessed. ☐ Property was foreclosed. —		
		Property was garnished.		
		☐ Property was attached, seized or levied.		
11.	Within 90 days before you filed for bankry accounts or refuse to make a payment be No ☐ Yes. Fill in the details.	uptcy, did any creditor, including a bank or financial in ecause you owed a debt?	stitution, set off any a	amounts from your
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
	No Yes T S: List Certain Gifts and Contributions Within 2 years before you filed for bankru	s uptcy, did you give any gifts with a total value of more	than \$600 per person	?
	No☐ Yes. Fill in the details for each gift.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co	uptcy, did you give any gifts or contributions with a tot ontribution.	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	ŕ	Dates you contributed	Value
Par	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankrup or gambling?	otcy or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster
	■ No □ Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

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Debtor 1 Katina R Gantt Case number (if known) 19-70020-BHL

Pai	List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prepinclude any attorneys, bankruptcy petition prep	paring a bankruptcy pe	tition?			erty to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address	Description and transferred	value of any propert	ty	Date payment or transfer was made	Amount of payment
	Person Who Made the Payment, if Not You Koehler Law Office 400 Pearl Street, Ste 200 New Albany, IN 47150	Filing Fees Credit Counsel Credit Report	ing			\$0.00
17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor. Do not include any payment or transfer that you □ No □ Yes. Fill in the details.	rs or to make payment			r transfer any prop	erty to anyone who
	Person Who Was Paid Description and value of any property Address Date payment or transfer was pay made					
18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your but Include both outright transfers and transfers mainclude gifts and transfers that you have alread No Yes. Fill in the details.	usiness or financial aff ade as security (such as	airs? the granting of a secເ			
	Person Who Received Transfer Address	Description and property transfer	red		ny property or received or debts	Date transfer was made
	Person's relationship to you			pa.a o		
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details.		ny property to a self	-settled tru	st or similar device	of which you are a
	Name of trust	Description and	value of the property	y transferre	ed	Date Transfer was made
Pa	tt 8: List of Certain Financial Accounts, Ins	struments, Safe Deposi	t Boxes, and Storag	je Units		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association No	r other financial accou	nts; certificates of c		•	,
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account of instrument	clos	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer

Debtor 1 Katina R Gantt Case number (if known) 19-70020-BHL

21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?					
	■ No					
	☐ Yes. Fill in	the details.				
		ncial Institution er, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?	
22.	Have you store	ed property in a storage unit or p	lace other than your home within 1	year before you filed for bankruptcy	?	
	■ No					
	☐ Yes. Fill in	the details.				
	Name of Stora Address (Numb	ge Facility er, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?	
Par	t 9: Identify F	Property You Hold or Control for	Someone Else			
23.	Do you hold or for someone.	control any property that some	one else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust	
	■ No					
	☐ Yes. Fill in	n the details.				
	Owner's Name Address (Numb	er, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value	
Par	t 10: Give Deta	ails About Environmental Inform	ation			
For	the purpose of	Part 10, the following definitions	apply:			
	toxic substanc		ir, land, soil, surface water, ground	ing pollution, contamination, release water, or other medium, including st		
	-	/ location, facility, or property as e, or utilize it, including disposal	<u>•</u>	aw, whether you now own, operate, o	or utilize it or used	
		<i>terial</i> means anything an environ erial, pollutant, contaminant, or		waste, hazardous substance, toxic s	substance,	
Rep	ort all notices, r	eleases, and proceedings that y	ou know about, regardless of when	they occurred.		
24.	Has any gover	nmental unit notified you that yo	u may be liable or potentially liable	under or in violation of an environme	ental law?	
	■ No □ Yes. Fill in	the details.				
	Name of site Address (Numb	er, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
25.	Have you notifi	ed any governmental unit of any	release of hazardous material?			
	■ No □ Yes. Fill in	the details.				
	Name of site	er, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and	Environmental law, if you know it	Date of notice	
			ZIP Code)			

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26.	Hav	e you been a party in any judicial or adr	ministrative proceeding under any envi	ironmental law? Include settlements	s and orders.
		No Yes. Fill in the details.			
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Pai	rt 11:	Give Details About Your Business or	•		
		hin 4 years before you filed for bankrup	•	ov of the fellowing connections to a	my hypinaga?
21.	VVII	IIII 4 years before you filed for bank up	• •	,	ny business?
		☐ A member of a limited liability comp	•	·	
		☐ A partner in a partnership	carry (220) or minited hability partiters in	ip (CCI)	
		☐ An officer, director, or managing ex	coutive of a corporation		
		_	·		
	_	☐ An owner of at least 5% of the votin			
	_	No. None of the above applies. Go to l			
		Yes. Check all that apply above and fill			
	Business Name Address		Describe the nature of the business	Employer Identification number Do not include Social Securit	
	(Nu	mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed	
28.		hin 2 years before you filed for bankrupt itutions, creditors, or other parties. No Yes. Fill in the details below.	tcy, did you give a financial statement	to anyone about your business? Ind	clude all financial
		me dress	Date Issued		
	(Nu	mber, Street, City, State and ZIP Code)			
Pai	rt 12:	Sign Below			
are with 18 U	true n a ba J.S.C	ead the answers on this <i>Statement of Fir</i> and correct. I understand that making a ankruptcy case can result in fines up to c. §§ 152, 1341, 1519, and 3571.	false statement, concealing property,	or obtaining money or property by	
		ina R Gantt R Gantt	Signature of Debtor 2		
Sig	natu	re of Debtor 1			
Dat	te	February 18, 2019	Date		
Did ■ N	Ю	attach additional pages to Your Stateme	ent of Financial Affairs for Individuals I	Filing for Bankruptcy (Official Form	107)?
	you	pay or agree to pay someone who is no	t an attorney to help you fill out bankru	uptcy forms?	
		Name of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declarati	on, and Signature (Official Form 119).	
			•	· ,	

R&R (rev 06/08/15)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF INDIANA

Case Name: Katina R Gantt Case No. 19-70020-BHL

RIGHTS AND RESPONSIBILITIES OF CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

It is important for debtors who file a bankruptcy case under Chapter 13 to understand their rights and responsibilities. It is also important that debtors know what their attorney's responsibilities are and understand the importance of communicating with their attorney to make the case successful. Debtors should also know that they may expect certain services to be performed by their attorney. In order to assure that debtors and attorneys understand their rights and responsibilities in the bankruptcy process, the following guidelines provided by the Court are hereby agreed to by the debtors and their attorney.

BEFORE THE CASE IS FILED

The debtor agrees to:

- 1. Provide the attorney with complete, accurate and current financial information.
- 2. Discuss with the attorney the debtor's objectives in filing the case.
- 3. Disclose any previous bankruptcies filed in the previous 8 years.
- 4. Unless excused under 11 U.S.C. § 109(h), receive a briefing from an approved nonprofit budget and credit counseling agency and provide the attorney with a copy of the certificate from the agency showing such attendance, as well as a copy of the debt repayment plan, if any, developed through the agency.
 - 5. Disclose to the attorney any and all domestic support obligations.

The attorney agrees to:

- 1. Meet with the debtor to review the debtor's debts, assets, liabilities, income and expenses.
- 2. Counsel the debtor regarding the advisability of filing either a Chapter 7 or Chapter 13 case, provide debtor with the notice required under 11 U.S.C. § 342(b) if applicable, discuss both procedures with the debtor and answer the debtor's questions.
- 3. Explain what payments will be made to creditors directly by the debtor and what payments will be made through the Chapter 13 plan, with particular attention to mortgage and vehicle loan payments, any other debts that accrue interest, domestic support obligations and leases.
- 4. Explain to the debtor how, when and where to make payments, pursuant to the plan, to the Chapter 13 trustee and of the necessity to include the debtor's case number, name and current address on each payment item.
- 5. Explain to the debtor how the attorney and trustee's fees are paid and provide an executed copy of this document to the debtor.
- 6. Explain to the debtor that the first payment due under Chapter 13 must be made to the trustee within 30 days of filing of the bankruptcy petition.
- 7. Advise the debtor of the requirement to attend the Section 341 Meeting of Creditors and instruct the debtor as to the date, time and place of the meeting and of the necessity to bring both picture identification and proof of the debtor's social security number to the meeting.
- 8. Advise the debtor of the necessity of maintaining liability, collision and comprehensive insurance on leased vehicles or those securing loans, and of the obligation to bring copies of the declaration page(s) documenting such insurance to the Meeting of Creditors.
- 9. Advise debtors engaged in business of the necessity to maintain liability insurance, workers compensation insurance, if required, and any other insurance coverage required by law.
- 10. Timely prepare and file the debtor's petition, plan, statements, schedules, and any other papers or documents required under the Bankruptcy Code.

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AFTER THE CASE IS FILED

The debtor agrees to:

- 1. Timely make all required payments to the Chapter 13 trustee that first become due 30 days after the case is filed. Also, if required, turn over any tax refunds, personal injury settlement proceeds or any other property as requested by the trustee.
- 2. Timely make all post-petition payments due to mortgage lenders, holders of domestic support obligations, lessors, and any other creditor that debtor agreed or is obligated to pay directly.
 - 3. Cooperate with the attorney in the preparation of all pleadings and attend all hearings as required.
 - 4. Keep the trustee, attorney and Court informed of any changes to the debtor's address and telephone number.
 - 5. Prepare and file any and all federal, state and local tax returns within 30 days of filing the petition.
- 6. Inform the attorney of any wage garnishments or attachments of assets which occur or continue to occur after the filing of the case.
- 7. Contact the attorney promptly with any information regarding changes in employment, increases or decreases in income or other financial problems or changes.
- 8. Contact the attorney promptly if the debtor acquires any property after the petition is filed. Such property might include, but is not limited to, personal injury proceeds, inheritances, lottery winnings, etc.
 - 9. Inform the attorney if the debtor is sued during the case.
- 10. Inform the attorney if any tax refunds to which the debtors are entitled are seized or not returned to the debtor by the IRS, the Indiana Department of Revenue or any other taxing authority.
- 11. Contact the attorney to determine whether court approval is required before buying, refinancing or selling real property or before entering into any long-term loan agreement.
 - 12. Pay any filing fees and courts costs directly to the attorney.
- 13. If the requirements of 11 U.S.C. § 109(h) were waived by the Court when the case was first filed, receive a briefing from an approved nonprofit budget and credit counseling agency within 30 days of the case being filed (unless the Court, for cause, extends such time) and provide counsel with the certificate from the agency stating that the debtor attended such briefing.
- 14. Unless such attendance is excused under 11 U.S.C. § 1328(f), complete an instructional course concerning personal financial management and shall promptly submit to the debtor's attorney a signed and completed Certification of Completion of Instruction Course Concerning Personal Financial Management.
 - 15. Cooperate fully with any audit conducted pursuant to 28 U.S.C. § 586(a).
- 16. After all plan payments have been made, and if the debtor is eligible for a discharge, timely provide counsel with the information needed to complete any documents required by the Court before a discharge will be entered.

The attorney agrees to provide the following legal services:

- 1. Appear at the Section 341 Meeting of Creditors with the debtor.
- 2. Respond to objections to plan confirmation and, where necessary, prepare an amended plan.
- 3. Timely submit properly documented profit and loss statements, tax returns and proof of income when requested by the trustee.
 - 4. Prepare, file and serve necessary modifications to the plan.
- 5. Prepare, file and serve necessary amended statements and schedules, in accordance with information provided by the debtor.
 - 6. Prepare, file and serve necessary motions to buy, sell or refinance property when appropriate.
 - 7. Object to improper or invalid claims, if necessary, based upon documentation provided by the debtor or trustee.
 - 8. Represent the debtor in motions for relief from stay and motions to dismiss and/or convert.
 - 9. Where appropriate, prepare, file, serve and notice motions to avoid liens on real or personal property.
 - 10. Where appropriate, prepare, file and serve a summons and complaint to avoid a wholly unsecured mortgage.
 - 11. Be available to respond to debtor's questions throughout the life of the plan.
- 12. Negotiate with any creditor holding a claim against the debtor that is potentially nondischargeable to determine if the matter can be resolved prior to litigation. Discuss with debtor the cost and advisability of litigating the dischargeability of the claim. The attorney is not required, however, to represent the debtor in any adversary proceeding to determine the nondischargeability of any debt pursuant to these Rights and Responsibilities.
 - 13. Represent the debtor with respect to any audit conducted pursuant to 28 U.S.C. § 586(a).
 - 14. Negotiate all reaffirmation agreements and appear with the debtor at any hearing on same.

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15. After all plan payments have been made, and if the debtor is eligible for a discharge, prepare, file and serve any documents required by the Court before a discharge will be entered.

The total fee charged in this case is \$2,500.00. If this fee later proves to be insufficient to compensate the attorney for the legal service rendered in the case, the attorney has the right to apply to the court for any additional attorney fees. Fees shall be paid through the plan unless otherwise ordered. The attorney may not receive additional fees directly from the debtor other than the initial retainer. If an attorney has elected to be compensated pursuant to these guidelines, but the case is dismissed prior to confirmation of the plan, absent contrary order, the trustee shall pay to the attorney, to the extent funds are available, an administrative claim equal to 50% of the unpaid fee balance if a properly documented fee claim (for the entire fee balance) has been filed by the attorney and served upon the trustee.

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If the debtor disputes the legal services provided or the fees charged by the attorney, an objection must be filed with the Court.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Indiana

In re	e Katina R Gantt		Case No.	19-70020-BHL
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPEN	SATION OF ATTORN	EY FOR DE	BTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy, or a	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	2,500.00
	Prior to the filing of this statement I have received		\$	0.00
	Balance Due		\$	2,500.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compe	nsation with any other person unle	ess they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name			
5.	In return for the above-disclosed fee, I have agreed to ren	der legal service for all aspects of	the bankruptcy ca	ase, including:
	 a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of creditor d. Representation of the debtor in adversary proceedings e. [Other provisions as needed] 	ment of affairs and plan which ma s and confirmation hearing, and a	y be required; ny adjourned hear	
6.	By agreement with the debtor(s), the above-disclosed fee	does not include the following ser	vice:	
		CERTIFICATION		
	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement for pay	ment to me for re	presentation of the debtor(s) in
F	February 18, 2019	/s/ Lloyd E. Koehler,	Attorney at La	w
_	Date	Lloyd E. Koehler, At		·····
		Signature of Attorney Koehler Law Office		
		400 Pearl Street		
		Suite 200 New Albany, IN 4715	60	
		812-949-2211 Fax: 8	312-941-3907	
		Iloydkoehler@hotma Name of law firm	ail.com	
		Traine of tan film		

United States Bankruptcy Court Southern District of Indiana

In re	Katina R Gantt		Case No.	19-70020-BHL	
		Debtor(s)	Chapter	13	

VERIF	FICATION OF CREDITOR MATRIX
The above-named Debtor hereby verifies that	at the attached list of creditors is true and correct to the best of his/her knowledge.
Date: February 18, 2019	/s/ Katina R Gantt Katina R Gantt Signature of Debtor

AMCOL CLMBIA PO BOX 21625 COLUMBIA, SC 29221

AMERICOLLECT PO BOX 1566 MANITOWOC, WI 54221

CAPITAL ACCT PO BOX 140065 NASHVILLE, TN 37214

CASH-PRO INC 101 PLAZA EAST BLV EVANSVILLE, IN 47715

COLLINSASSET 5725 W HIGHWAY 290 STE 1 AUSTIN, TX 78735

COMNWLTH FIN 245 MAIN ST DICKSON CITY, PA 18519

ERC
PO BOX 57547
JACKSONVILLE, FL 32241

EVANSVILLE HOMES FOR RENT 2325 W FRANKLIN EVANSVILLE, IN 47712

EVANSVILLE VANDERBURGH SCHOOL CORPORATIO C/O JOHN COX 108 NW MLKING JR BLVD EVANSVILLE, IN 47708

HAYES-GIBSON INTERNATIONAL INC C/O JEFFREY WILHITE 600 SE 8TH ST EVANSVILLE, IN 47713

HELVEY ASSOC 1015 E CENTER ST WARSAW, IN 46580

I C SYSTEM
PO BOX 64378
SAINT PAUL, MN 55164

INTERNAL REVENUE SERVICE C/O CENTRAL INSOLVENCY P.O. BOX 7346 PHILADELPHIA, PA 19101-7346

JEFFREY A WILHITE, ATTORNEY 600 SE 8TH STREET EVANSVILLE, IN 47713 JOHN COX COZ LAW OFFICE 108 NE MLKING JR. BLVD EVANSVILLE, IN 47708

MIDWST RCVRY 514 EARTH CITY PLAZA EARTH CITY, MO 63045

PHNX FINAN 8902 OTIS AVE INDIANAPOLIS, IN 46216

STERLING DEVELOPMENT LLC DBA THE ARBORS AT EASTLAND 6649 OLD BOONVILLE HWY EVANSVILLE, IN 47715

USDOE/GLELSI 2401 INTERNATIONAL LANE MADISON, WI 53704

WILLIAM GEARHART KAHN DEES DONOVAN & KAHN LLP 501 MAIN STREET SUITE 100 EVANSVILLE, IN 47735

Fill in this info	rmation to identify your	case:		
Debtor 1	Katina R Gantt			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA	
Case number	19-70020-BHL			

Official Form 423

Certification About a Financial Management Course

12/15

If you are an individual, you must take an approved course about personal financial management if:

- you filed for bankruptcy under chapter 7 or 13, or
- you filed for bankruptcy under chapter 11 and § 1141 (d)(3) does not apply.

In a joint case, each debtor must take the course. 11 U.S.C. §§ 727(a)(11) and 1328(g).

After you finish the course, the provider will give you a certificate. The provider may notify the court that you have completed the course. If the provider does notify the court, you need not file this form. If the provider does not notify the court, then Debtor 1 and Debtor 2 must each file this form with the certificate number before your debts will be discharged.

- If you filed under chapter 7 and you need to file this form, file it within 60 days after the first date set for the meeting of creditors under § 341 of the Bankruptcy Code.
- If you filed under chapter 11 or 13 and you need to file this form, file it before you make the last payment that your plan requires or before you file a motion for a discharge under § 1141(d)(5)(B) or § 1328(b) of the Bankruptcy Code. Fed. R. Bankr. P. 1007(c).

In some cases, the court can waive the requirement to take the financial management course. To have the requirement waived, you must file

ou must check one:	
I completed an	approved course in personal financial management:
Date I took the o	ourse
Name of approv	ed provider
Certificate Numb	er
	ed to complete a course in personal financial management because the court has granted my iver of the requirement based on <i>(check one)</i> :
☐ Incapacity	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
☐ Disability.	My physical disability causes me to be unable to complete a course in personal financial management in person, by phone, or through the internet, even after I reasonably tried to do so.
_	
_	phone, or through the internet, even after I reasonably tried to do so. I am currently on active military duty in a military combat zone.
☐ Active dut	phone, or through the internet, even after I reasonably tried to do so. I am currently on active military duty in a military combat zone. I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approved
☐ Active duty ☐ Residence	phone, or through the internet, even after I reasonably tried to do so. I am currently on active military duty in a military combat zone. I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approved